

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90049 011 ***550.00

09/10/2003 AV

DOCUMENT # P97000101617

1. Entity Name
BOCA BUILDERS OF BREVARD CONSULTANTS, INC.



Principal Place of Business
**1513 15TH CT
WEST PALM BEACH FL 33410**

Mailing Address
**1513 15TH CT
WEST PALM BEACH FL 33410**

2. Principal Place of Business

3. Mailing Address

8844 H Marge Ct

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOYNTON BEACH FL

City & State
Florida

4. FEI Number **65-0802156**

Applied For
Not Applicable

Zip

Country

Zip

Country

33436

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, WILLIAM E
910 SW 10TH AVE
DELRAY BEACH FL 33444**

Name **William E Johnson**

Street Address (P.O. Box Number is Not Acceptable)

8844 H Marge Court

City **Boynton Beach**

FL

Zip Code

33436

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **William E Johnson**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/5/03
DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS**
NAME **JOHNSON, WILLIAM E**
STREET ADDRESS **910 SW 10 TH AVE**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/03

Date

(561) 369-0772

Daytime Phone #

CR2E034 (4/03)